**COMMUNITY AND HOUSING DEPARTMENT**

## Housing Needs Section

# Medical Assessment Form

Office use only: ☐ Housing Register ☐ Transfer ☐ Vulnerability Assessment

Name of Officer:

Please fill in this form if you, or a member of your household, suffer from a **SERIOUS ILLNESS or DISABILITY** which is affected by your housing and for which you are receiving treatment.

This form is for **YOU** to fill in. **PLEASE DO NOT TAKE IT TO YOUR DOCTOR.**

The Council's Independent Medical Adviser will assess the information you give us. The Medical Adviser will tell us whether the illness or disability should give you higher priority for a move to more suitable accommodation. In a few cases, the Medical Adviser may need to contact your doctor for further information. We need your permission to do this and ask that you sign the consent below. Without this we will be unable to process your application.

**If there has been a previous assessment, new medical forms may only be submitted where there has been a change in your medical circumstances.**

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**Main Applicant's Name** ____________________

**Address** ____________________

____________________

**Post Code** ____________________

Please give details of your doctor and/or the hospital consultant (as appropriate)

**Doctor's name** ____________________

**Telephone number** ____________________

**Address** ____________________

____________________

**Post Code** ____________________

**Consultants's name** ____________________

**Telephone number** ____________________

**Address** ____________________

____________________

**Post Code** ____________________

**CONSENT**

I authorise the Council's Medical Adviser to contact my doctor and/or hospital consultant in order to make a medical assessment concerning my housing application.

Applicants Signature ____________________

Date _______/_______/_______

**Illness/Disability Details**

Please provide details of the people in your household whose medical condition(s) you feel should be taken into account. If more than two people are affected, please continue on a separate sheet.

| | **First Person** | **Second Person** |
|---|---|---|
| **Surname** | | |
| **First Name** | | |
| **Date of birth** | | |
| **Details of medical condition**<br><br>Please detail what medical conditions have been diagnosed by your doctor/consultant. Please attach any supporting letters | | |
| **Has the doctor or consultant prescribed any medicines for this condition** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **If YES, please give the-**<br><br>1.Name of the medication<br>2.The dosage of the medication<br>3.How often they are taken | | |
| **Has the person named above attended the hospital during the last twelve months** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **If YES, was this as an in-patient or an out-patient** | | |
| **Which hospital(s) did they attend** | | |
| **Why was hospital attended?** | | |
| **If you have submitted a previous medical assessment form, please describe how your circumstances have changed during this period.** | | |
| **Is any further treatment planned?** | ☐ Yes ☐ No | ☐ Yes ☐ No |
| **If YES, what treatment?**<br>Please detail any planned operations or other types of treatment | | |

**Benefits and Services**
Are any of the household members named above receiving the following benefits/services-

| | First Person | Second Person |
|---|---|---|
| **Disabled Living Allowance-Care-**please state what rate is received | | |
| **Disabled Living Allowance-Mobility**-please state what rate is received | | |
| **Invalid Care Allowance** | | |
| **Attendance Allowance** | | |
| **Incapacity Benefit-**state what rate is received | | |
| **Home Carer** | | |
| **District Nurse** | | |
| **Community Psychiatric Nurse-**please provide name and telephone number | | |
| **Social Worker-** please provide name and telephone number | | |
| **Occupation Therapist** please provide name and telephone number | | |

**Present Accommodation-**Mobility

| **Are you able to-** | First Person | | | Second Person | | |
|---|---|---|---|---|---|---|
| | With No difficulty | With some difficulty | Not at all | With No difficulty | With some difficulty | Not at all |
| Get around your home generally | | | | | | |
| Get from the front door to the kitchen | | | | | | |
| Get from the bedroom to the toilet/bathroom | | | | | | |
| Get from the street to the front door | | | | | | |

| **Do you use any of the following?** | First Person | | Second Person | |
|---|---|---|---|---|
| | In your home | Outside | In your home | Outside |
| Walking stick/crutches | | | | |
| Walking frame | | | | |
| Wheelchair | | | | |

| Does anyone have difficulty using stairs? | ☐ Yes ☐ No |
|---|---|
| If YES, why? | |

**Present Accommodation-**details

**Housing Type**

| Do you live in a: | |
|---|---|
| Bungalow | |
| House | |
| Flat (self-contained) | |
| Flat (shared facilities) | |
| Hotel/hostel | |
| Caravan | |
| Other (please specify) | |

**Floor Level**

| On which floor is your front door | |
|---|---|
| Basement | |
| Ground | |
| First | |
| Second | |
| Third | |
| Fourth | |
| Higher (please specify) | |

**Access**

| Do you have: | |
|---|---|
| A lift or lifts providing access to your accommodation | ☐ Yes ☐ No |
| Stairs inside the property | ☐ Yes ☐ No |
| If YES, how many steps | |
| Steps to the front door | ☐ Yes ☐ No |
| If YES, how many steps | |

**Heating**

| What is the main form of heating in the following rooms | Bed-rooms | Living rooms |
|---|---|---|
| Central heating radiators | | |
| Storage heaters | | |
| Warm air heating | | |
| Under floor heating | | |
| Gas fire(s) | | |
| Electric fires (s) | | |
| Solid fuel (e.g. coal) | | |
| Other (specify) | | |
| None | | |

**Adaptations**

| Has your property been adapted in any of the following ways | |
|---|---|
| Ramps to entrance | ☐ Yes ☐ No |
| Stair lift | ☐ Yes ☐ No |
| Other (Specify) | |
| Have you contacted the Council's Occupational Therapy service about adaptations | ☐ Yes ☐ No |

**Other Factors**

| Are there any other factors that you wish to be taken into account when assessing your medical situation? | |
|---|---|
| Have you discussed any problems with your Landlord | ☐ Yes ☐ No |

**Please return to: Housing Needs, Community & Housing Dept, Civic Centre, London Road, Morden, Surrey, SM4 5DX**